

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 01644358 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		1		1		
6		5		2		
7	1		1			
8	1		1			
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13	1		1			
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		6		6		
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TOTAL IND.	6		6			
TOTAL DEP.	44		41			
TOTAL CLAIMS	50		47			

	IND	DEP	IND	DEP	IND	DEP
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